

Abortions induced by inserting wooden stick

P. R. Pant, J. Sharma, B. L. Mananandher, N. R. Sharma, R. Shrestha

Department of Ob/Gyn. Tribhuvan University Teaching Hospital Kathmandu, Nepal

Correspondence to: Padam Raj Pant, Department of Ob/Gyn. Tribhuvan University Teaching Hospital Kathmandu, Nepal

e-mail: Padam2060@hotmail.com

Background: Nepal suffers from one of the highest maternal mortality rate in the world, and the practice of unsafe abortion is responsible for more than 50% of these maternal deaths. Before legalization of abortion in 2002 though it was criminal act under any circumstances thousands of abortions were done illegally in the country by expert doctors to peon by different methods. Complications of abortions depend upon gestational age, service provider, method, place of abortion. According to a nationwide survey done by CREHPA in 1997 revealed that 20% of the women prisoners against 0.3 men prisoners were there for charge of abortion or infanticide. According to Measham maternal mortality is highest in cases when the abortion is done by foreign objects in to the uterine cavity.

Key words: Induced abortion; complications; unsafe abortion.

Case 1

A 35 years old lady from a hilly district of eastern Nepal presented with complaints of lower abdominal pain and fever for three days with discharge per vaginum. Patient had history of induced abortion of 6 weeks pregnancy six months back in a local health post by peon. According to the patient as she was sedated she did not know about the mode of termination pregnancy. After termination of this pregnancy she had heavy bleeding, with passage of clots and lower abdominal pain for about 10-12 days, which subsided spontaneously. But she had continuous prickling sensation in lower abdomen. Suddenly three days back prior to the admission in TU teaching hospital she had fever and pus like discharge per vaginum, for which she was attended to Khotang district hospital where from she was referred to Tribhuvan University Teaching hospital. Patient had two children; both of them were home deliveries, first 12 year's daughter and second 9 years son.

On examination patient was febrile with 101°F temperature, pulse 94 / min regular, Bp 110/70 mm of Hg. Chest and cardiovascular findings within normal range, abdomen soft non tender, no distension, guarding or rigidity. Cervix was normal looking, no active bleeding or abnormal discharge

on per speculum examination. On bimanual examination uterus was normal size anteverted restricted mobility tenderness in right fornix while moving the cervix.

Ultrasonogram showed echogenic tubular structure in uterine cavity and minimal fluid collection in pouch of Douglas (Fig. 1). Other investigations including hematological, biochemical, urine analysis, chest X-ray and ECG were within normal range.

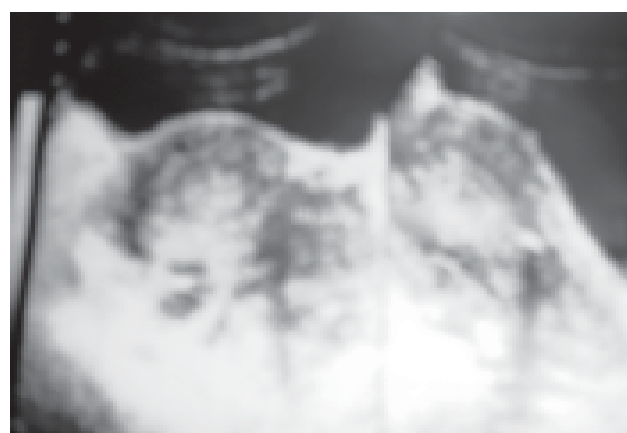


Fig. 1: Tubular structure in uterine cavity

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With diagnosis of foreign body uterus laprotomy was done, operative findings were gut and omentum adherent with the right cornua of the uterus and right pelvic wall .after separation of the adhesions foreign body was felt by the tip of artery forceps in between the right round and infundibulopelvic ligament and was removed by pulling with the same artery forceps. It was a six cm long wooden stick in uterine cavity perforated right lateral wall of the uterus. Uterine artery was just behind the stick.

Case 2

40 years old lady from Sindhupalchok presented with complaints of pus like discharge per vaginum, and continuous, mild, pricking pain lower abdomen since two years after termination of two month pregnancy by a paramedic in the village. For this problem she went to that paramedic staff, was told that if is normal but the vaginal discharge increased with time. As she was known to a medical doctor, was brought to us for this problem. She was mother of four children, this was her fifth pregnancy, and last child birth was 11 years back. She was using Depo-Provera two and half years back, which she stopped due to irregularity of menstruation.

Patient's general condition was fair, vitals were stable, systemic examination reveled normal findings. Per speculum examination revealed pus coming from the external os, but cervix was normal looking. On bimanual examination uterus was bulky about eight week's size, soft, mobile, tenderness B/L fornices.

Ultrasound showed collection in endometrial cavity with echogenic structure in uterine cavity embedded in to myometrium and significant amount of collection in pouch of Douglas (*Fig. 2*).

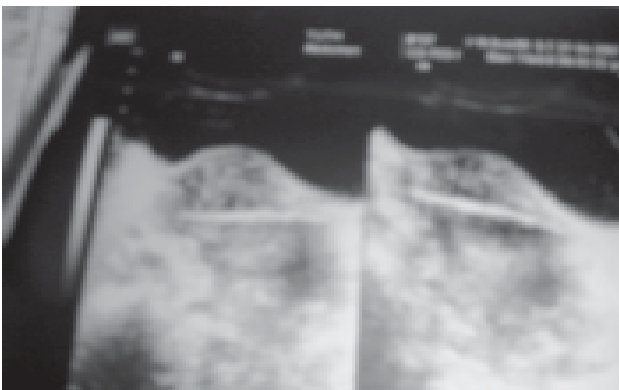


Fig. 2: Echogenic structure embedded in uterine cavity

Total abdominal hysterectomy with B/L salpingo-oophorectomy was done. Operative findings were adhesion

of gut and omentum with posterior wall of the uterus. On adhenolysis there was about 20 ml of pus in peritoneal cavity B/L tubes were distended. Cut section 20 ml of pus in uterine cavity, wooden stick was embedded at the right lateral wall of the uterus perforating the uterus just above the right utero-sacral ligament with B/L pyosalpinx.

Case 3

A 37 years old lady presented in a Private hospital with complaints of intermittent bleeding per-vaginum, lower abdominal pain weakness and vertigo for five days after termination of two and half months pregnancy .This pregnancy was terminated in a village of Nuwakot by a paramedic. After termination of pregnancy she had intermittent pain abdomen followed by bleeding with passage of clots she had also weakness and vertigo for same duration however she did not have fever or decreased urine output. She had three children two daughter and one son and had one more induced abortion two years back, last child birth was 5 years back. Couple never practiced contraception.

Patient was ill looking, pale .afebrile, pulse rate was 92/ min, regular, weak, and blood pressure 100/60 mmof Hg. Systemic examination revealed normal findings. Abdomen not distended, but there was tenderness in supra pubic, B/L iliac and para umbilical region, and there was guarding. On speculum examination; cervix unhealthy looking, blue, there was a clot in the vagina about 20 ml. Severe tenderness on bimanual examination, something hard like bone or wood was felt just above the external os , uterine size could not be assessed due to tenderness b/l fornices were full.

Ultrasonogram showed long tubular echogenic structure in uterine cavity ?long bone with collection in pouch of Douglas (*Fig. 3*). Coldocentesis done which reveled hemoperitoneum.Her haemoglobin was 7.1gm%. Total count was raised, in urine WBC 8-10/ HPF other investigation including coagulation profile, electrolyte and renal function were within normal range.

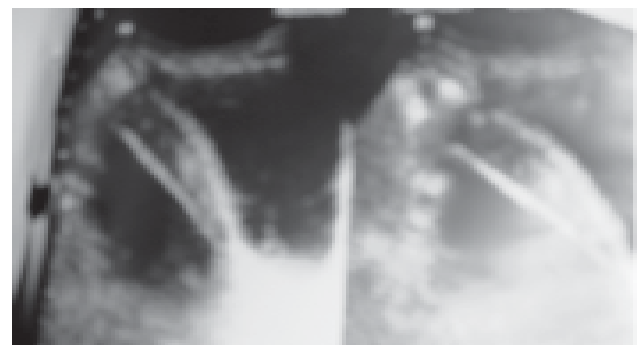


Fig. 3: Long tubular echogenic structure in uterine cavity

Arranging four pints of whole blood laprotomy done. Operative findings were hemoperitoneum about 200ml, multiple perforations (*Fig. 4*) at the fundus which were sealed but there was oozing from one perforation which was at the right postero-lateral wall about 1.5 cm below the Rt. cornua. Omentum was adherent with cornual perforations Right tube was swollen. As whole uterus was looking unhealthy, foreign body was inside the uterus, patient had completed family, and with husband's consent total abdominal hysterectomy with Rt. salpingo-oophorectomy was done. Cut section showed broomstick measuring 5 cm long in uterine cavity embedded at right cornual region in to the myometrium. Four pints of whole blood was transfused in intra and post operative period. In all the three cases abortion was induced by inserting the foreign object in to the uterine cavity.

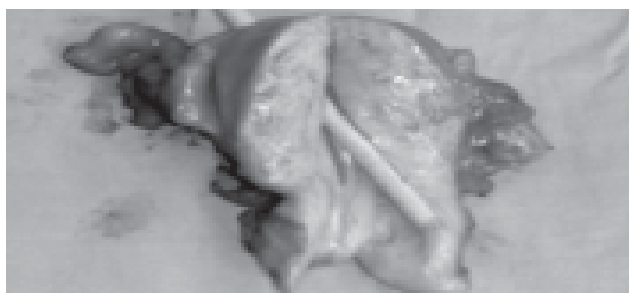


Fig. 4: Multiple perforations at the fundus

Discussion

The new 11th amendment to Nepal's country code reflects both Nepal's new found dedication to social change as well as the many ethnic, cultural, and religious influences in Nepal's legal system. Nepal has one of the highest maternal mortality rate in the world, and the practice of unsafe abortion is responsible for more than 50 % of these maternal deaths. Despite the highly restrictive abortion law before 2002, every year thousands of induced abortions were performed illegally in the country, and how many of them had died due to its complications, there is no any record. Induced abortions are done by expert doctors to dais (traditional birth attendants) and peons of hospitals by different methods, including insertion of foreign objects; dilatation and curettage suction evacuation, manual vacuum aspiration, and prostaglandin use others.

The incidence of complications of induced abortion depends upon the gestational age at which the procedure is done, method of induction, skill of the service provider, place where the abortion is done. According to Measham et al the maternal mortality is highest in cases where abortion is induced by inserting foreign objects in to the uterine cavity.

Here all three abortions were induced by inserting wooden sticks; one case was done by peon of the health post while two other cases were done by para medical staff. The first case came to seek the advice after six months abortion, second after two years and third after 5 days of induced abortion. All of them discharged in good condition after treatment but many such patients might be dying in villages without being able to reach to the proper places.

Five years passed after legalization of induced abortion, almost all districts have comprehensive abortion care (CAC) centers but majority of people have no idea that, this service is available in the country. To decrease the maternal mortality in the country availability of CAC program should be advertised and criminal abortion should be discouraged by punishing uncertified service providers.

Conclusion

Criminal induced abortion is one of the pioneer contributing factors of maternal mortality in Nepal. Five years passed of the legalization of abortion act, people are not aware of CAC program; still we are in wooden phase of abortion. As these methods, are life threatening, should be discouraged and uncertified service provider should be punished to decreased maternal mortality.

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